



Economic Impact Analysis Virginia Department of Planning and Budget

18 VAC 85-40 – Regulations Governing the Practice of Respiratory Care Practitioners
Department of Health Professions
September 27, 2006

Summary of the Proposed Amendments to Regulation

The Board of Medicine (board) proposes to add two methods by which individuals can reactivate or reinstate their respiratory care practitioner license: 1) recertification by passage of an examination from the National Board for Respiratory Care, and 2) completion of ten hours of continuing education for each year in which the license has been inactive, not to exceed three years (without an internship or traineeship).

Result of Analysis

The benefits likely exceed the costs for all proposed changes.

Estimated Economic Impact

Under the current regulations respiratory care practitioners with an inactive or lapsed¹ license who wish to reactivate or reinstate their license must either “Submit information on continued practice in another jurisdiction or other evidence of competency to return to active practice to include 10 hours of continuing education for each year in which the license has been inactive, not to exceed three years.” According to the Department of Health Professions, in practice the board has required those following the “other evidence of competency route” to perform an internship or traineeship at a practice site in Virginia in addition to the 10 hours of continuing education for each year in which the license has been inactive.

The board proposes two changes that will make reactivation or reinstatement of the respiratory care license significantly less burdensome for those individuals who have not continued practice in another jurisdiction. Under the proposed regulations such individuals may

qualify for reactivation or reinstatement by completing 10 hours of continuing education for each year in which the license has been inactive, not to exceed three years (without an internship or traineeship), or by passage of a recertification examination from the National Board for Respiratory Care.

Since passage of the recertification exam provides evidence that the candidate has kept up knowledge relevant for competence in the profession, this proposed option does not appear to put the public at risk of having practitioners who are significantly less competent than if this option did not exist. The savings in time for practitioners provided by this option is potentially large. An internship or traineeship and 10 hours of continuing education for each year in which the license has been inactive would likely take months to complete,² while the exam could be taken in one day. Thus, the proposal to permit individuals to reactivate their license through passage of a recertification examination from the National Board for Respiratory Care likely produces significantly positive net benefit.

The proposal to permit individuals to reactivate their license through continuing education only, without an internship or traineeship, clearly could save practitioners the time cost of months in internship or traineeship as well. The regulations specify that the continuing education be from a sponsor recognized by the American Association for Respiratory Care or courses directly related to the practice of respiratory care as approved by the American Medical Association. The American Association for Respiratory Care website specifies that

Courses and/or programs not directly related to the direct application of patient care may be acceptable if the course or program relates to any of the following: 1) Education, supervision, and management, 2) Health care cost containment or cost management, 3) Preventative health services and health promotion, 4) Medical ethics and legal aspects of health care, 5) Patient Safety, and 6) Bioterrorism.³

Since the continuing education can be on topics not directly related to patient care, continuing education does not provide the same level of assurance of knowledge that is produced by passage

¹ A license becomes lapsed if it is not renewed. Practitioners may also request that their license become inactive.

² Source: Department of Health Professions

of the recertification exam. Nevertheless, an individual seeking reactivation of their license will have previously shown a degree of competence in order to receive initial licensure. Time away from practice presumably does not erase competence. Hopefully most individuals seeking recertification will choose to take courses that contain information on emerging technology and its application in the delivery of respiratory care. Specifying this in the regulations could be beneficial.

Businesses and Entities Affected

The 3,271 individuals licensed as respiratory care practitioners in Virginia are potentially affected by the proposed regulations.⁴

Localities Particularly Affected

The proposed regulations affect all Virginia localities.

Projected Impact on Employment

The proposed amendments may have a small positive impact on respiratory care practitioner employment. The significant reduction in costs associated with reactivating or reinstating licensure under the proposed regulations versus the current regulations may encourage some individuals to reactivate or reinstate their license who otherwise would not have done so.

Effects on the Use and Value of Private Property

The proposed amendments reduce the cost of reactivating or reinstating the respiratory care practitioner license. This will commensurately increase the net worth of individuals who reactivate or reinstate their license. Also, the reduced cost may encourage some individuals to reactivate or reinstate their license who otherwise would not have done so.

Small Businesses: Costs and Other Effects

The proposals will reduce costs for respiratory care practitioners who seek to reactivate or reinstate their license. Thus, small businesses that employ such practitioners may be moderately positively affected.

³ Source: http://www.aarc.org/education/crce_app/index.html, accessed on September 25, 2006

⁴ Data source: Department of Health Professions

Small Businesses: Alternative Method that Minimizes Adverse Impact

The proposed amendments do not produce an adverse impact.

Legal Mandate

The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with Section 2.2-4007.H of the Administrative Process Act and Executive Order Number 21 (02). Section 2.2-4007.H requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. Further, if the proposed regulation has adverse effect on small businesses, Section 2.2-4007.H requires that such economic impact analyses include (i) an identification and estimate of the number of small businesses subject to the regulation; (ii) the projected reporting, recordkeeping, and other administrative costs required for small businesses to comply with the regulation, including the type of professional skills necessary for preparing required reports and other documents; (iii) a statement of the probable effect of the regulation on affected small businesses; and (iv) a description of any less intrusive or less costly alternative methods of achieving the purpose of the regulation. The analysis presented above represents DPB's best estimate of these economic impacts.